## UTILITY PATENT APPLICATION **TRANSMITTAL**

Under the Paperwork Reduction Act of 1995, no persons are required to res

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| Attorney Docket No.   | ACMI-2.052.US  Stephen Campbell Brass  SYSTEM AND METHOD FOR FLUID DYNAMICS IN A MEDICAL PROCEDURE |  |  |  |  |
|-----------------------|----------------------------------------------------------------------------------------------------|--|--|--|--|
| First Inventor        |                                                                                                    |  |  |  |  |
| Title                 |                                                                                                    |  |  |  |  |
| Everes Mail Label No. | EV 320253076 US                                                                                    |  |  |  |  |

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mail Stop Patent Application  ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 29] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets 4]  5. Oath or Declaration [Total Sheets 2] a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 |  |  |  |  |  |  |
| 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
| Continuation Divisional Continua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ation-in-part (CIP) of prior application No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| Prior application information:  Examiner  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| Customer Number: 022874                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OR Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | elephone Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |
| Name (Print/Type) James L. Wolfe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Registration No. (Attorney/Agent)   33,623                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
| Signature Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date March 19, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,384.00

| Complete if Known    |                             |  |  |  |
|----------------------|-----------------------------|--|--|--|
| Application Number   | Filed Concurrently Herewith |  |  |  |
| Filing Date          | Filed Concurrently Herewith |  |  |  |
| First Named Inventor | Stephen Campbell Brass      |  |  |  |
| Examiner Name        | Unknown                     |  |  |  |
| Art Unit             | Unknown                     |  |  |  |
| Attorney Docket No.  | ACMI-2.052.US               |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                                                  |              | FEE CALCULATION (continued) |             |             |                                                                            |                |  |
|-----------------------------------------------------------------------------------------------------------|--------------|-----------------------------|-------------|-------------|----------------------------------------------------------------------------|----------------|--|
| Check Credit card Money Other None                                                                        |              | 3. ADDITIONAL FEES          |             |             |                                                                            |                |  |
| Order U                                                                                                   |              | Large Entity   Small Entity |             |             |                                                                            |                |  |
| Deposit Co. 4004                                                                                          | Fee<br>Code  | Fee<br>(\$)                 | Fee<br>Code | Fee<br>(\$) | Fee Description                                                            | Fee Paid       |  |
| Account<br>Number                                                                                         | 1051         | 130                         | 2051        | 65          | Surcharge - late filing fee or oath                                        |                |  |
| Deposit Bradlov M. Conz                                                                                   | 1052         | 50                          | 2052        | 25          | Surcharge - late provisional filing fee or                                 |                |  |
| Name Brauley IVI. Galiz                                                                                   | 1053         | 130                         | 1053        | 130         | cover sheet Non-English specification                                      |                |  |
| The Director is authorized to: (check all that apply)                                                     |              | 2,520                       | 1812        |             | For filing a request for ex parte reexamination                            |                |  |
| Charge fee(s) indicated below Credit any overpayments                                                     |              | 920*                        | 1804        | 920*        | Requesting publication of SIR prior to                                     |                |  |
| Charge any additional fee(s) or any underpayment of fee(s)                                                |              |                             |             |             | Examiner action                                                            | <del></del>    |  |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         | 1805         | 1,840*                      | 1805        | 1,840*      | Requesting publication of SIR after<br>Examiner action                     |                |  |
| FEE CALCULATION                                                                                           | 1251         | 110                         | 2251        | 55          | Extension for reply within first month                                     |                |  |
| 1. BASIC FILING FEE                                                                                       | 1252         | 420                         | 2252        | 210         | Extension for reply within second month                                    |                |  |
| Large Entity Small Entity                                                                                 | 1253         | 950                         | 2253        | 475         | Extension for reply within third month                                     |                |  |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$)                                                        | 1254         | 1,480                       | 2254        | 740         | Extension for reply within fourth month                                    |                |  |
| 4004 770 2004 305 Littley filing for                                                                      | 1255         | 2,010                       | 2255        | 1,005       | Extension for reply within fifth month                                     |                |  |
| 1001 770 2001 365 Chilly filling fee 770.00                                                               | 1401         | 330                         | 2401        | 165         | Notice of Appeal                                                           |                |  |
| 1003 530 2003 265 Plant filing fee                                                                        | 1402         | 330                         | 2402        | 165         | Filing a brief in support of an appeal                                     |                |  |
| 1004 770 2004 385 Reissue filing fee                                                                      | 1403         | 290                         | 2403        | 145         | Request for oral hearing                                                   | $\vdash$       |  |
| 1005 160 2005 80 Provisional filing fee                                                                   | 1451         | 1,510                       | 1451        | 1,510       | Petition to institute a public use proceeding                              |                |  |
| SUBTOTAL (1) (\$) 770.00                                                                                  | 1452         | 110                         | 2452        | 55          | 5 Petition to revive - unavoidable                                         |                |  |
|                                                                                                           |              | 1,330                       | 2453        | 665         | Petition to revive - unintentional                                         |                |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                               | 1301         | 1,330                       | 2501        | 665         | 5 Utility issue fee (or reissue)                                           | <b>——</b>      |  |
| Extra Claims below Fee Paid  Total Claims 35 20** = 15 x 18 = 270                                         | 1502<br>1503 | 480                         | 2502        |             | Design issue fee                                                           |                |  |
| Independent 7 - 3** = 4 × 86 = 344  Multiple Dependent                                                    |              | 640                         | 2503        |             | ) Plant issue fee                                                          | <b></b>        |  |
|                                                                                                           |              | 130                         | 1460        |             | Petitions to the Commissioner                                              | $\blacksquare$ |  |
|                                                                                                           |              | 50                          | 180         |             | Processing fee under 37 CFR 1.17(q)                                        | $\vdash$       |  |
| Large Entity   Small Entity Fee Fee   Fee Fee   Fee Description                                           |              | 180                         | 180         | 6 180       | Submission of Information Disclosure Stmt                                  |                |  |
| Code (\$) Code (\$)                                                                                       | 8021         | 40                          | 802         | 1 40        | Recording each patent assignment per property (times number of properties) |                |  |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3                   | 1809         | 770                         | 280         | 9 385       | 5 Filing a submission after final rejection (37 CFR 1.129(a))              | ]              |  |
| 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid | 1810         | 770                         | 281         | 0 385       | 5 For each additional invention to be                                      |                |  |
| 1204 86 2204 43 ** Reissue independent claims                                                             | 1 .5.0       |                             |             |             | examined (37 CFR 1.129(b))                                                 | $\vdash$       |  |
| over original patent                                                                                      | 1801         |                             | 2801        |             | •                                                                          |                |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                                 | 1802         | 900                         | 1802        | 90          | Request for expedited examination<br>of a design application               |                |  |
| (0) 614 00                                                                                                |              | Other fee (specify)         |             |             |                                                                            |                |  |
| **or number previously paid, if greater; For Reissues, see above                                          | *Red         | uced by                     | y Basic     | Filing F    | Fee Paid SUBTOTAL (3) (\$) -                                               |                |  |

SUBMITTED BY

Name (Print/Type)

James L. Wolfe

Registration No. (Attornev/Agent)

Signature

(Complete (if applicable))

Telephone 503-224-2713

Date March 19, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.